



Illinois Department of Public Aid

K200-03-1

no. :

ILLINOIS MEDICAL ASSISTANCE PROGRAM PROVIDER BULLETIN

September 17, 2003

TO: Enrolled Hospices

RE: New UB-92 Revenue Code 658 – Room and Board/Nursing Facility

The National Uniform Billing Committee (NUBC) has created a new revenue code to specifically denote nursing home room and board charges for a patient receiving hospice care. The new revenue code, 658 – Hospice Room and Board/Nursing Facility, will be acceptable for Department processing effective with dates of service on or after October 1, 2003.

Hospice agencies must still use revenue code 659 – Other Hospice, for nursing home room and board charges for dates of service prior to October 1, 2003.

This bulletin and replacement pages for the Handbook for Hospice Agencies are available on the Department's website at <http://www.state.il.us/dpa/provider_release_bulletins.htm>. The revisions in the replacement pages are identified by an "=" to the left of the amended text. Please note that the Handbook for Hospice Agencies is not currently available on the website.

Paper copies of the replacement pages, as well as an entire handbook, may be obtained by written request. To ensure delivery, you must specify a physical street address when requesting a paper copy. You may submit your written request to the address below, or fax or e-mail it as noted:

Illinois Department of Public Aid
Provider Participation Unit
Post Office Box 19114
Springfield, Illinois 62794-9114

Fax Number: (217) 557-8800 / E-Mail Address: PPU@mail.idpa.state.il.us

Instructions for updating the Handbook for Hospice Agencies:

Replace pages II-7/II-8 dated September 1996 with the revised pages II-7/II-8 dated September 2003.

E-mail: dpawebmaster@mail.idpa.state.il.us

Internet: <http://www.state.il.us/dpa/>

220 COVERED SERVICES (continued)

220.3 Inpatient Respite Care - Revenue Code 655:

Inpatient respite care is applicable for each day in which the client is in an approved inpatient facility and is receiving respite care. Respite care is provided when, in the opinion of the attending physician, a caretaker needs a respite. This must be recorded in the patient's medical record. Payment for respite care may be made for a maximum of 5 days at a time including the date of admission but not counting the date of discharge. Charges for the sixth and any subsequent days is to be made at the routine home care rate.

220.4 General Inpatient Care - Revenue Code 656:

General inpatient care is applicable for each day the client receives hospital inpatient care for a condition related to the client's terminal illness. On the day of discharge from an inpatient unit, the appropriate home care rate is billed unless the client dies as an inpatient. When the client is discharged deceased, the inpatient rate (general or respite) is billed for the discharge date.

NOTE: Providers are required to provide the Department with a copy of their Medicare reimbursement rate changes.

220.5 Physician Services - Revenue Code 657:

Physician services provided by a physician who is an employee of the hospice or by arrangement of the hospice will be reimbursed based on the State maximum reimbursement, or the provider's usual and customary fee, whichever is less, unless the patient care services are furnished on a volunteer basis.

This reimbursement is in addition to the hospice per diem rate, and excludes those services performed by the physician serving as medical director and/or the physician member of the hospice interdisciplinary group.

The costs of services of the medical director and/or the physician member of the interdisciplinary group are included in the reimbursement rates for routine home care, continuous home care and inpatient respite care.

=220.6 Nursing Home Room and Board Charges - Revenue Codes 658 and 659:

= When a hospice patient resides in a long term care facility the hospice agency is responsible for the client's room and board charges. The Department reimburses the hospice provider a rate equal to 95% of the facility's Department calculated per diem rate for basic care minus any client income. Revenue code 659 must be used to denote nursing home room and board charges for service dates through 09/30/03. Effective with dates of service on or after 10/01/03, revenue code 658 must be used to denote nursing home room and board charges. No reimbursement will be authorized for a bed hold fee for LTC hospice patients while in a hospital.

230 ALL INCLUSIVE RATE

The four types of hospice care (see 220.1, 220.2, 220.3 and 220.4) are reimbursed by the Department as an all inclusive rate which includes the following:

230.1 Physician Services

A doctor of medicine or osteopathy must perform the function of the hospice medical director and/or the physician member of the interdisciplinary group. Services include administrative and general supervisory activities performed by physicians who are employees of or working under arrangements made with the hospice.

230.2 Counseling Services

Counseling services may be provided to the terminally ill client and the family members or other persons caring for the client at home. Counseling, including dietary counseling, may be provided both for the purpose of training the client's family or other caregiver to provide care and for the purpose of helping the client and caretakers to adjust to the client's approaching death.

230.3 Hospitalization

Contracting for hospital inpatient services and reimbursing the hospital for these services is the responsibility of the hospice agency if the hospitalization is due to the terminal illness of the patient. When a hospice patient is hospitalized, the hospital will send the bill to the hospice. If the hospitalization is not due to the terminal illness, the hospice will return the bill to the hospital with a written statement explaining why the bill is being denied. The hospital will submit the claim to the Department with the denial letter attached.

Hospital inpatient care may also be furnished to provide respite for the client's family or other persons caring for the client at home. (See "Inpatient Respite Care" topic 220.3).

230.4 Medical Equipment, Supplies, Drugs and Biologicals

Drugs and biologicals which are used primarily for the relief of pain and symptom control related to the client's terminal illness are included in the daily rate. Durable medical equipment, appliances and other self-help and personal comfort items related to the palliation or management of the client's terminal illness are to be provided as needed. Equipment is provided by the hospice for use in the client's home while he or she is under hospice care. Medical supplies include those that are part of the written plan of care.

230.5 Home Health Aide and Homemaker Services

Home Health Aide (HHA) services must be furnished by qualified